



## South Dakota Board of Nursing

South Dakota Department of Health  
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115  
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

### Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Initial Training Program*

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Trail Ridge Assisted  
Name of Primary RN Instructor: Peggy Shaffner RN, Darla Kuiper RN  
Address: 3400 W Ralph Rogers Rd  
Sioux Falls, S.D. 57108  
Phone Number: (605) 339-9123 Fax Number: (605) 275-2927  
E-mail Address of Faculty: dKuiper@abhomes.org

1. Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*

- ☐ 2011 South Dakota Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)  
☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)  
☒ Nebraska Health Care Association (2010) (NHCA)  
☒ We Care Online

2. Qualifications of Faculty/Instructor(s): Attach resumes / work history demonstrating two years of clinical RN experience. — sent previously  
3. List faculty and provide licensure information:

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Darla Kuiper RN	SD	<del>RD35458</del> RD078225	4/8/13	3/22/12 OK Sy
Peggy Shaffner RN	SD	<del>RD35458</del> RD035458	2/1/14	3/22/12 OK Sy

4. A **Certificate of Completion** will be provided by the Board of Nursing upon approval; the certificate must be completed and given to each successful student upon completion of the Medication Administration Training Program.

RN Faculty Signature: Darla Kuiper RN Date: 3/22/12

#### This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>3/22/12</u>	Date Notice Sent to Institution:
Date Application Approved: <u>3/22/12</u>	Application Denied. Reason for Denial:
Expiration Date of Approval: <u>4/30/2014</u>	
Board Representative: <u>J. Young</u>	